

# Pain Management

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I have no relevant financial relationships with any ineligible companies to disclose.

-AND-

I will not discuss off label use or investigational use in my presentation.

## Pain: Definition

- ▶ An unpleasant sensory experience associated with actual or potential tissue injury, or described in such terms.
  - IASP 1989
- ▶ Represents moving pain away from a strict physical and observable 'cause and effect' model

## Pain: Definition

- ▶ A complex experience embracing *physical, mental, social, and behavioral* processes, compromising the quality of life of many individuals.
  - SSI Commission For Evaluation of Pain

## PAIN

- ▶ **Acute:** Less than 2 weeks in duration, usually r/t surgical procedure

### **TREAT PAIN**

Unrelieved pain: STRESS RESPONSE

Neuroendocrine response to stress

- ↑ Metabolic Rate, Cardiac Output
- ↑ Production of cortisol, retention of fluids
- ↑ Risk of complications (MI, PE)

## Pain Syndromes:

- ▶ Somatic
- ▶ Visceral
- ▶ Neuropathic

## Incidence and Scope: Pain in Cancer

- ▶ 33-50% of all cancer patients experience pain
- ▶ 70-90% of patients with advanced cancer experience pain
  - 45-60% of all cancers will become 'advanced'
  - Comparable incidence in children
- ▶ Prevalence greatest in bone and pancreatic cancers

## Cancer Pain Syndromes Tumor-related visceral pain

- Hepatic distension syndrome
- Chronic intestinal obstruction and peritoneal carcinomatosis

## Cancer Pain Syndromes

### Treatment-related neuropathic pain

- Postsurgical neuropathic pain syndromes
  - Postmastectomy syndrome
  - Post-thoracotomy pain syndrome
- Postradiotherapy pain syndromes
  - fibrosis of plexus
  - Postchemotherapy pain
  - vincristine, cisplatin, or taxane therapy

## Factors Associated With Under Treatment Of Pain

- ▶ Clinicians (RN, NP, MD)
- ▶ Patient Factors
- ▶ System Factors

## Under Treatment of Pain: Clinicians Role

- ▶ Poor understanding of pain management
  - Pharmacotherapy
    - └ Pharmacokinetics:
      - 'QID' dosing regimens
      - PRN vs ATC or long acting agents
    - └ Risks vs benefits of various agents
  - Inadequate utilization of inter-disciplinary treatment

## Under Treatment of Pain: Clinicians' Role

- ▶ Fear of criminal prosecution/professional sanctions
- ▶ Misconceptions concerning addiction, tolerance and habituation

## Under Treatment of Pain: Patient's role

- ▶ Typically under report pain
  - worried about cause of pain and its meaning
  - don't want to be perceived as being a bad or weak patient
  - societal and cultural differences
- ▶ Fear of addiction
- ▶ Cultural issues concerning the meaning of pain and suffering

## Under Treatment of Pain: Systems role

- ▶ Pain has not been a focus of hospitals
- ▶ JCAHO: 2001 hospitals surveyed will be required to integrate pain management into the entire structure of the hospital
  - patient rights, mission statement, etc
  - documentation must reflect day to day efforts to assess and treat pain throughout system

## Under treatment of pain at the end-of-life

- ▶ Overall there has been a 40% reduction in per capita prescription of opioids in the US since 2012
- ▶ In 2010, researchers say about 91% of the patients were receiving opioids for pain at discharge to hospice. But by 2018, only 79% were getting opioid medication.

## Definition of Tolerance

**A state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.**

AAPM, APS, ASAM, 2001

## Definition: Physiologic Dependence

**A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.**

AAPM, APS, ASAM, 2001

## Definition of Addiction (preferred term Use Disorder)

**A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.**

AAPM, APS, ASAM, 2001

## My patient is dying, why do I need to worry about use disorder

- ▶ Two thirds of people who have overdose deaths from prescription opioids are not the person for whom the medication is prescribed
- ▶ Untreated use disorder can severely reduce quality of life and dignity for the whole family and deny patients and families to have valuable opportunities to achieve closure and reconciliation
- ▶ Consider using buprenorphine or methadone for pain management in a patient with opioid use disorder

## Pain: Assessment

- ▶ Pain is whatever the patient says it is.  
Margo McCaffery, RN

## Assessment/Characteristics

- ▶ Temporal-duration, breakthrough
  - ▶ Intensity-pain "on average"
- ▶ Topography-focal, multi-focal
  - ▶ Quality-descriptors
- ▶ Exacerbating/relieving- factors
  - ▶ "Incident pain"

## Assessment:

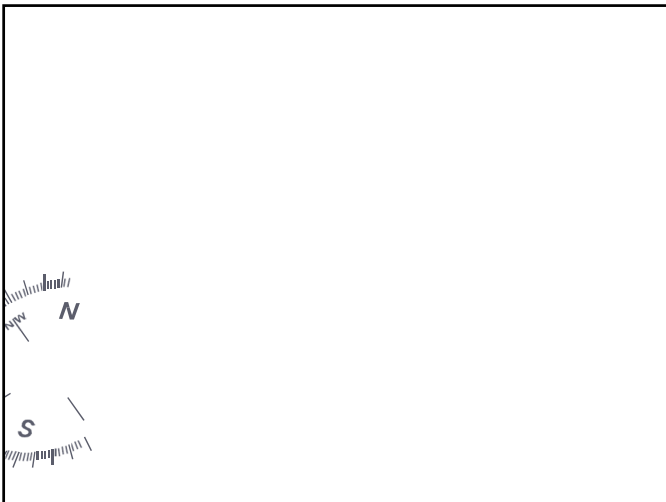
### Measuring Pain

Pain can be measured -both validly and reliably- using either simple scales or more sophisticated multi-dimensional instruments

- ▶ 0-10, VAS, Faces
- Be **consistent**

## Assessment

- ▶ Physiologic Indicators of Pain:
  - ↑ HR or RR, pallor, perspiration
- ▶ Should be used as a substitute for verbal reports only if the patient is unconscious



## Assessment: Behavioral Responses

- ▶ Verbal statements
- ▶ Facial Expressions
- ▶ Body Movements
- ▶ Fatigue/exhaustion

## Goal of Therapy

- ▶ Improve quality of life
- ▶ Reduce pain
- ▶ Maximize function
  - *No one is looking to render patients more disabled by adding analgesics*
  - *Frequent reassessment of all aspects of patient will prevent loss in function due to medications*
  - *Primum Non Nocere*

## Primary Nurse